

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>0209700</i>	FILING DATE <i>10/9/00</i>	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
4							54							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	<i>4</i>						TOTAL IND.							
TOTAL DEP.	<i>13</i>						TOTAL DEP.							
TOTAL CLAIMS	<i>17</i>						TOTAL CLAIMS							